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CONFIRMATION NO. 2351

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/521,679	09/12/2005 RULE	047	1797	05-038

APPLICANTS
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**** CONTINUING DATA *******
 This application is a 371 of PCT/ZA03/00092 07/15/2003 DBH

**** FOREIGN APPLICATIONS *******
 SOUTH AFRICA 02/5743 07/18/2002 DBH

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SOUTH AFRICA	1	23	3
Verified and /DANIELLE B HENKEL/ Examiner's Signature	Initials				

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TITLE
 Proliferation and delivery apparatus

FILING FEE RECEIVED 1380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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